

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 07-13-04.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97799-CPCA for dates of service 08-18-03, 08-20-03 and 08-21-03 and 99214 for dates of service 09-15-03 through 02-23-04.

II. FINDINGS

On 08-06-04, the Division submitted a Notice to the requestor to notify the requestor that based on review of the disputed issues within the request, the Medical Review division determined that the file contains unresolved medical fee issues only. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

III. RATIONALE

CPT code 97799-CPCA for dates of service 08-18-03, 08-20-03 and 08-21-03 denied with denial code "R" (extent of injury). A Benefit Review conference held on 07-09-04 determined that there was no an extent of injury, but that the carrier denied need for future medical care. Reimbursement is recommended per the Medical Fee Guideline effective 08-01-03 in the amount of \$3753.00 (\$1,251.00 X 3 DOS).

CPT code 99214 dates of service 09-15-03, 10-20-03, 12-01-03, 12-22-03, 01-26-04 and 02-23-04 denied with denial code "R" (extent of injury). A Benefit Review conference held on 07-09-04 determined that there was no extent of injury, but that the carrier denied need for future medical care. Reimbursement is recommended per the Medical Fee Guideline effective 08-01-03 in the amount of \$406.96 ($\$81.39 \times 125\% = \$101.74 \times 4 \text{ DOS}$ for the 2003 DOS) and \$209.58 ($\$83.83 \times 125\% = \$104.79 \times 2 \text{ DOS}$ for the 2004 DOS) for a total recommended reimbursement of \$616.54.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes 97799-CPCA for dates of service 08-18-03, 08-20-03 and 08-21-03 and 99214 for dates of service 09-15-03 through 02-23-04.

The above Findings and Decision are hereby issued this 21st day of December 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

V. ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the Medicare program reimbursement methodologies effective August 1, 2003 per Commission Rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 08-18-03 through 02-23-04 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 21st day of December 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dlh